ANTI-HISTAMINE PRIOR AUTHORIZATION

ND DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 851 (Rev. 2/2004)

Send to: Medical Services
ND Department of Human Services
600 E Boulevard Ave, Dept. 325
Bismarck, ND 58505
Fax: (701) 328-1544

North Dakota Medicaid requires that patients receiving anti-histamines must use **loratadine*** as first line.

***Note:**

- **Loratadine OTC may be prescribed WITHOUT prior authorization. Loratadine OTC is covered by Medicaid when prescribed by a physician.**
- **Prior authorization is NOT required for patients < 13 years of age.**
- **Patients must use loratadine OTC for a minimum of 14 days for the trial to be considered a failure. Patient preference does not constitute a failure.**
- **Patients must try and fail generic loratadine prior to receiving a leukotriene modifier or intranasal steroid to treat allergic rhinitis.**

Part I: TO BE COMPLETED BY PHYSICIAN - *COMPLETE PART I AND FAX TO PATIENT'S PHARMACY*

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Physician Name	Physician Medicaid Provider Number	Telephone Number	Fax Number
Address	City	State	Zip Code
Requested Drug: ☐ Allegra ☐ Clarinex ☐ Zyrtec	Diagnosis	Requested Dosage (must be completed)	

Qualifications for coverage:

☐ Failed loratadine	Start Date	End Date	Dose
☐ Adverse reaction (attach FDA Medwatch form) to loratadine or contraindicated: (provide description below)			
☐ Diagnosis of Urticaria			
Physician Signature			Date

Part II: TO BE COMPLETED BY PHARMACY - *COMPLETE PART II AND FAX OR MAIL TO MEDICAID*

Pharmacy Name			ND Medicaid Provider Number
Telephone Number	Fax Number	Drug	NDC #

Part III: FOR STATE USE ONLY

Date Received / /	CSP MD Y / N CSP Pharmacy Y / N	Daily Units Bypass Units Y / N	Req App	CLM Limit
Approved - Effective dates of PA From: / / To: / /			Approved By	
Denied (Reasons)				